



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Programs and all Managed Care Organizations

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO Special
DATE 11/25/2003

SUBJECT: Introduction of Virginia Medicaid Preferred Drug List (PDL) Program for Pharmacy Services

The purpose of this memorandum is to introduce providers to Virginia Medicaid's Preferred Drug List (PDL), which will be implemented beginning January 2004. The PDL is effective for the Medicaid, MEDALLION, and FAMIS-Plus (formerly known as Medicaid for children) fee-for-service populations. The PDL does not apply to enrollees being served by the Managed Care Organizations, or to FAMIS enrollees. The Department of Medical Assistance Services (DMAS) is implementing this program to provide clinically effective and safe drugs to its clients at the best available price. Your assistance with this program is critical to its success.

The PDL provides a selection of therapeutically effective products for which the Medicaid program will allow payment without restriction. It is a listing of preferred drugs by therapeutic class. Specific drug products within these classes have been designated by the Pharmacy and Therapeutics (P&T) Committee as "preferred". In the designated classes, drug products that do not appear on the PDL will be subject to prior authorization (PA). In an effort to ensure appropriate drug therapy with the least risk to the recipient and that is cost effective, other drugs, as recommended by the Pharmacy and Therapeutics Committee, may be subject to prior authorization. No patient will be left without appropriate drug therapy under this initiative.

The P&T Committee meetings have been open to the public and comments have been received from patients, providers, manufacturers, and constituency groups. The Committee has defined the therapeutic classes that will be the subject of the initial implementation for January 2004. Additional drug classes will be included in the PDL program in April and July 2004. A list of the preferred drugs within each class for the January implementation is attached with this memo.

Certain categories of drug products for fragile populations are not affected by the PDL, such as antipsychotics and drugs for cancer or HIV.

The therapeutic classes that are the focus of the initial January implementation are:

- Proton Pump Inhibitors (PPIs)
- H2 Antagonists
- Nasal Steroids
- Second Generation Antihistamines (Low-Sedating or Non-Sedating)
- Selective Cox-2 Inhibitors and NSAIDS
- HMG CoA Reductase Inhibitors (Statins)
- Sedative Hypnotics
- Beta Adrenergics
- Inhaled Corticosteroids
- Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors)
- Angiotensin II Receptor Blocking Agents (ARBs)
- Calcium Channel Blockers
- Beta blockers

There is a complete list of the pharmaceutical products listed on the Virginia Preferred Drug List at <http://www.dmas.state.va.us/pharm-home.htm> or at <http://virginia.fhsc.com>.

Prior Authorization Process

The PDL program will be implemented on January 5, 2004, beginning with informational messages ("soft edits") to the pharmacists. This will allow pharmacists the opportunity to inform the client of the prior authorization (PA) requirement on the next request. Full prior authorization requirements ("hard edits") will be implemented for the first set of drug classes during January and February 2004. The PDL phase in schedule for the first 13 drug classes to be implemented are enclosed with this memo.

A message regarding PA will be returned when a non-preferred drug is dispensed. PAs can be initiated by written, faxed, or telephone request. Prescribers can initiate PA requests by letter, by faxing the enclosed form to 800-932-6651, or by contacting the First Health Services' Clinical Call Center at 800-932-6648. These telephone numbers will be available beginning December 1, 2003, to request prior authorization of drugs not on the preferred list if medically indicated for the patient. PA requests by fax or mail will be responded to within 24 hours of receipt. A copy of the PA form is available at <http://www.dmas.state.va.us/pharm-home.htm> or at <http://virginia.fhsc.com>. There are provisions for a 72-hour emergency supply of necessary medications and an appeals process.

Training

DMAS will be providing training through professional organizations and groups beginning in early December. Also, pharmacy information will be posted to two web sites: www.dmas.state.va.us for Medicaid regulations, memos, notices, and training schedules, and <http://virginia.fhsc.com> for technical information and details on the PA process. The First Health Clinical Call Center will be operational beginning December 1, 2003, to answer questions and to process prospective prior authorization requests.

Additional information and Provider Manual updates will be sent as necessary. Comments regarding this program may be sent to the P&T Committee at pdlinput@dmas.state.va.us.

The Department of Medical Assistance Services' mission is to provide a system of high quality comprehensive health services to qualifying Virginians and their families. Institution of the Preferred Drug List will allow DMAS to continue to perform its mission by maintaining quality and cost-effectiveness. We look forward to working with you, the provider community, to assist in making this endeavor a success.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.state.va.us. Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"PDL/PRIOR AUTHORIZATION HELPLINE"

The First Health Clinical Call Center can be reached at **800-932-6648**, to answer your questions regarding the PDL. Requests for Prior Authorization can be initiated by letter, by faxing the enclosed form to **800-932-6651**, or by contacting the First Health Services' Clinical Call Center at **800-932-6648**. PA requests also can be mailed to:

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First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060
ATTN: MAP Department/VA Medicaid

Attachments (4)



Virginia Medicaid Preferred Drug List
Posted 12/1/03
Effective January 5, 2004



Bolded Drugs do not require prior authorization

ANALGESICS

**NON-STERIODAL ANTI-
INFAMMATORY – COX II INHIBITORS**

Vioxx® (no PA required for age 60 or older)

Requires Prior Authorization

Bextra®
Celebrex®

ASTHMA – ALLERGY

ANTI-HISTAMINES – 2ND GEN

Alavert®
Claritin D (OTC only)
Loratadine Syrup
Loratadine Tablets

Requires Prior Authorization

Allegra®
Allegra D®
Clarinex®
Claritin®*
Claritin D 12 hour® (Rx)
Claritin D 24 hour® (Rx)
Claritin Redi-Tab®*
Claritin® Syrup*
Zyrtec®
Zyrtec D®
Zyrtec® Syrup (No PA for under age 2)

BETA ADRENERGICS- SHORT

ACTING

Albuterol
Alupent® MDI
Combivent®
Maxair Autohaler®
Maxair® MDI
Proventil® HFA
Ventolin® HFA

Requires Prior Authorization

Proventil®*
Ventolin®*

BETA ADRENERGICS – LONG

ACTING

Foradil®
Serevent Diskus®

**BETA ADRENERGICS FOR
NEBULIZERS**

Accuneb®
Albuterol sulfate
Duoneb®
Metaproterenol
Xopenex®

Requires Prior Authorization

Proventil®*

**BETA ADRENERGIC
/CORTICOSTEROID INHALER
COMBINATIONS**

Advair Diskus®

**INHALED SYSTEMIC
GLUCOCORTICOIDS**

AeroBid®
AeroBid M®
Azmacort®
Flovent®
QVAR®

Requires Prior Authorization

Flovent Rotadisk®
Pulmicort Turbohaler®

NASAL STEROIDS

Flonase®
Flunisolide
Nasalide®
Nasarel®

Requires Prior Authorization

Beconase AQ®
Nasacort®
Nasacort AQ®
Nasonex® (No PA for under age 4)
Rhinocort Aqua®
Tri-Nasal®

CARDIAC MEDICATIONS

ACE INHIBITORS

Captopril
Captopril HCT
Enalapril
Enalapril HCT
Lisinopril
Lisinopril HCT

Requires Prior Authorization

Accupril®
Accuretic®
Aceon®
Altace®
Capoten®*
Capozide®*
Lotensin®
Lotensin HCT®
Mavik®
Moexipril
Monopril®
Monopril HCT®
Prinivil®*
Prinzide®*
Unirectic®
Univasc®
Vaseretic®*
Vasotec®*
Zestoretic®*
Zestril®*

**ACE INHIBITORS/
CALCIUM CHANNEL
BLOCKERS**

Lotrel®

Requires Prior Authorization

Lexxel®
Tarka®
Teczem®

**ANGIOTENSIN RECEPTOR
ANTAGONISTS**

Benicar®
Benicar HCT®
Diovan®
Diovan HCT®
Micardis®
Micardis HCT®

Requires Prior Authorization

Atacand®
Atacand HCT®
Avalide®
Avapro®
Cozaar®
Hyzaar®
Teveten®
Teveten HCT®

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol /Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol /HCTZ
Coreg®
Labetalol
Metoprolol
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sorine
Sorine AF
Sotalol
Sotalol AF
Timolol

* Indicates a generic is available
without prior authorization



Virginia Medicaid Preferred Drug List
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**CARDIAC MEDICATIONS –
CONT**

Requires Prior Authorization

Betapace®*
Betapace AF®*
Blocadren®
Cartrol®
Corgard®*
Corzide®
Inderal®*
Inderal LA®
Inderide®*
Innopran XL®
Kerlone®*
Levato®
Lopressor®*
Lopressor HCT®
Normodyne®*
Sectral®*
Tenoretic®*
Tenormin®*
Timolide®
Toprol XL®
Trandate®*
Visken®*
Zebeta®*
Ziac®*

**CALCIUM CHANNEL BLOCKERS -
DIHYDROPYRIDINE**

Dynacirc®
Dynacirc CR®
Nifedipine
Nifedical XL®
Nifedipine ER
Nifedipine – immediate release
Nifedipine SA
Norvasc®
Plendil®
Sular®

Requires Prior Authorization

Adalat CC®*
Cardene®*
Cardene SR®
Procardia®*
Procardia XL®*

**CALCIUM CHANNEL
BLOCKERS - NON-
DIHYDROPYRIDINE**

Diltiazem
Diltiazem (extended release)
Verapamil
Verapamil (extended release)

Requires Prior Authorization

Calan®*
Calan SR®*
Cardizem®*
Cardizem CD®*
Cardizem LA®
Cardizem SR®*
Cartia XT®
Covera-HS®
Dilacor XR®*
Diltia XT®
Isoptin SR®*
Taztia XT®
Tiazac®
Verelan®*
Verelan PM®

LIPOTROPICS: STATINS

Advicor®
Altacor®
Lescol®
Lescol XL®
Lovastatin®
Pravachol®
Zocor®

Requires Prior Authorization

Crestor®
Lipitor®
Mevacor®*

**CENTRAL NERVOUS
SYSTEM DRUGS**

**SEDATIVE HYPNOTIC NON-
BARBITURATES**

Estazolam
Flurazepam
Temazepam
Triazolam

Requires Prior Authorization

Ambien®
Dalmane®*
Doral®
Halcion®*
ProSom®*
Restoril®*
Somnote®
Sonata®

GASTROINTESTINAL

**HISTAMINE-2 RECEPTOR
ANTAGONISTS (H-2RA)**

Ranitidine

Requires Prior Authorization

Axid®
Cimetidine
Famotidine
Nizatadine
Pepcid®
Pepcid® Suspension
Tagamet®
Zantac®*
Zantac Effervescent®
Zantac® Syrup (No PA for under age 12)

PROTON PUMP INHIBITORS

Protonix®

Requires Prior Authorization

Aciphex®
Nexium®
Omeprazole (No PA for under age 12)
Prevacid® (No PA for under age 12)
Prevacid SoluTab®
Prevacid Susp® (No PA for under age 12)
Prilosec®

**Phone Numbers for DMAS
PDL Program**

**First Health Clinical Call Center
PA Requests**

Fax: 1-800-932-6651 Tel: 1-800-932-6648
Note: Fax requests are responded to within 24 hours.
For urgent requests, please telephone.

Note: Not all medications listed are covered
by all DMAS programs. Check individual
program coverage.

For program drug coverage information, go
to virginia.fhsc.com or dmas.state.va.us

* Indicates a generic is available
without prior authorization

**VIRGINIA MEDICAID
PREFERRED DRUG LIST
PHASE-IN SCHEDULE FOR FIRST 13 DRUG CLASSES
Effective January 2004**

Soft edits start January 5, 2004 for the following drug classes

Phase 1 – Hard edits on January 19, 2004

ACE Inhibitors
ARBs
Non-dihydropyridine Calcium Channel Blockers
ARBs/Diuretics
ACE inhibitors/diuretics
Dihydropyridine Calcium Channel Blockers
ACE Inhibitors/Calcium Channel Blockers
Inhaled Corticosteroids
Beta-Adrenergics: Short-Acting
Beta-Adrenergic: Nebs
Beta-Adrenergics: Long-Acting

Phase 2 – Hard edits on January 26, 2004

Sedative Hypnotics
Low-Sedating Antihistamines
Nasal Steroids
Low-Sedating Antihistamines/Decongestants

Phase 3 – Hard edits on February 2, 2004

Proton Pump Inhibitors

Phase 4 – Hard edits on February 16, 2004

Statins
Beta-blockers
H2 receptor antagonists

Phase 5 – Hard edits on February 23, 2004

COX-2 inhibitors

For more information or questions contact:

First Health Services' Clinical Call Center
800-932-6648 - telephone
800-932-6651- fax

VIRGINIA MEDICAID REQUEST FOR DRUG PRIOR AUTHORIZATION



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for prior authorization must include patient name, Medicaid ID#, and drug name. Appropriate clinical information to support the request on the basis of medical necessity must be submitted. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES AND FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.

Requests may be mailed to: First Health Services Corporation / 4300 Cox Road / Glen Allen, VA 23060 / ATTN: MAP

PATIENT INFORMATION

Patient's Name:

Patient's Diagnosis:

Patient's Medicaid ID#:

Patient's Date of Birth:

DRUG INFORMATION

Drug Name & Strength:

Quantity Per Day:

Has patient had previous pharmaceutical therapy for the above diagnosis? ☐ Yes ☐ No

List pharmaceutical agents attempted and outcome:

1.

2.

3.

Medical necessity: Provide clinical evidence that the preferred agent(s) will not provide adequate benefit:

PHYSICIAN INFORMATION

Physician's Name (print):

Date:

Physician's Signature:

Phone #:

Physician's DEA#:

Fax #:

**PLEASE INCLUDE ALL REQUESTED INFORMATION
INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS**

FAX TO 800-932-6651

PRIOR AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE AND THUS DRUG COVERAGE

A copy of the PA form is available at <http://www.dmas.state.va.us/pharm-home.htm> or at <http://virginia.fhsc.com>.

Questions and Answers for Providers about the Virginia Medicaid Preferred Drug List (PDL) Helpline 1-800-932-6648

What is a Preferred Drug List (PDL)?

Similar to the commercial market, a PDL is a list of preferred drugs by therapeutic class that have been identified as being the best medicines, that are available at a good price and that Medicaid will pay for without a special request for prior authorization (PA). In the designated classes, drug products that do not appear on the PDL will be subject to prior authorization. In an effort to ensure appropriate drug therapy with the least risk to the recipient and that is cost effective, other drugs, as recommended by the Pharmacy and Therapeutics Committee, may be subject to prior authorization.

How are the products chosen for the program?

A Pharmacy and Therapeutics (P&T) Committee was appointed by the Commonwealth to select preferred drug products and to assist the Department of Medical Assistance Services administer its pharmacy program. The P&T Committee will choose the drugs in each PDL class that they feel represent the best clinical value, both therapeutically and fiscally. The Committee may choose not to require PA of any drugs in some of the reviewed classes.

Who is on the P&T Committee?

The P&T Committee consists of 12 Virginia health care practitioners, all of whom were appointed based on legislative mandate or recommendations from their Virginia peer organizations. There are 8 physician members and 4 pharmacy members.

What about classes that are not on the list?

For classes that do not appear on the list, nothing has changed. Prescribers can prescribe drugs in these classes as in the past. There is a complete list of the pharmaceutical products included on the Virginia Preferred Drug List at <http://www.dmas.state.va.us/pharm-home.htm> or at <http://virginia.fhsc.com>. Additional classes will be added in later phases of the PDL next year.

When does the PA program start?

The PDL program will be implemented on January 5, 2004 beginning with informational messages (“soft edits”) to the pharmacists. This will allow pharmacists the opportunity to inform the client of the prior authorization (PA) requirement on the next request. Full prior authorization requirements (“hard edits”) will be implemented for the first set of drug classes during January and February 2004. The PDL phase in schedule for the first 13 drug classes to be implemented is enclosed with the corresponding Medicaid memo. Other drug classes will be implemented during April and July 2004.

If, after considering the products on the Preferred Drug List, I still feel my patient needs a drug requiring prior authorization, what do I do?

You may call, mail, or fax First Health Services, Virginia’s Pharmacy Benefit Manager (PBM), and request a prior authorization. Requests for prior authorization may be faxed to **(800) 932-6651 or phoned in to (800) 932-6648**. A fax form for your use is included in this packet of information. A copy of the PA form and the criteria are available at <http://www.dmas.state.va.us/pharm-home.htm> or at <http://virginia.fhsc.com>. It provides the outline for the information needed to expedite the PA process. The same information will be required for phone-in requests. You may also mail requests to:

First Health Services Corporation
4300 Cox Rd.
Glen Allen, VA 23060
Attn: MAP Department/VA Medicaid
Fax #: 1-800-932-6651

Who will take my call at First Health Services?

A certified pharmacy technician will answer your call. Clinical pharmacists are available if the technician needs to refer the call for additional review. If you call, the First Health Services' associate answering your call will ask you for the following basic information:

- Enrollee name
- Enrollee Medicaid ID number
- Date of Birth
- Prescriber name
- Drug name, strength, and form
- Recipient diagnosis
- Medical reasons why another covered drug cannot be used
- Other products previously tried

Other clinical information may be requested, depending on the therapeutic class to which the drug belongs. It is recommended that you have the patient's chart readily available. If all medical information is provided, a decision will be made during the call. Faxed and mailed requests will generate a response within 24 hours.

What happens if First Health Services cannot approve a request for prior authorization?

There are provisions for a 72-hour emergency supply of necessary medications if the provider cannot be contacted. If all levels within First Health Services do not approve the PA request, a notice of denial is issued to the patient and the prescriber. The patient or the prescriber has the right to request an appeal through the DMAS Appeals Division.

Do I have to wait until January to transition patients or obtain a prior authorization?

Prescribers are encouraged to proactively request PAs in December and January. A copy of the approved Preferred Drug List (PDL) is included in this packet of information. This information will also be available on the Internet at <http://www.dmas.state.va.us/pharm-home.htm> or at <http://virginia.fhsc.com>. You can begin to transition patients to preferred drugs immediately. If you can identify those patients who need to continue with non-preferred drugs and who will need PAs at start-up, you should submit requests for prior authorization (PA) in advance. If approved, the PA can be in place to be effective when the program begins. Prior authorizations may be given for six months or a year, depending on the prescription and the medical needs of the client.

Can I send a list with all my patients for whom I want a PA and the medications they need?

No, First Health Services will need to consider the medical information for **each** patient and make an individual determination of each request. Therefore, you must provide a separate request (by fax or phone or mail) for each patient.

Will patients currently taking drugs that are not on the Preferred Drug List be required to have prior authorization? (Will they be grandfathered?)

In the initial classes to be implemented there are no drugs that will be grandfathered and prior authorizations will be required. Each request will be evaluated based on the individual patient's medical information. Existing prior authorizations for weight loss drugs are still in place.

What if I want to offer comment on the drugs that are included on the Preferred Drug List or that may be under consideration later?

Please send any comments, along with any supporting clinical information, to:

Virginia Pharmacy and Therapeutics Committee
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219
Or send comments electronically to:
Pdlinput@dmas.state.va.us